Medi-Cal Program Guide Letter #633

May 15, 2008

Subject	**ARTICLE A - COUNTY MEDICAL SERVICES (CMS) INFORMATION TECHNOLOGY (IT) SYSTEM**
Effective Date	Upon receipt
Reference	CMS Policy
Purpose	The purpose of this letter is to provide staff with information for the new CMS IT System.
Background	CMS eligibility determinations are currently evaluated manually, which includes manual budget calculations for each individual applying for services. A significant amount of statistical gathering is also compiled manually. CMS provided care to approximately 17,600 certified eligible individuals in Fiscal Year 2006-07.
Changes	Effective May 12, 2008, all new applications for CMS will be automated.

The CMS IT System is an internet-based system and may be accessed via any computer with internet access. CMS contracted providers will now have the ability to access the website to view their CMS patient case status. All CMS applications will be processed and maintained on the CMS IT System.

Fifty percent of all applications approved by workers will require a supervisor review prior to full approval.

The CMS IT system will eliminate the need for case folders. Each form and verification will be imaged into the system. The original forms are given to the applicant as their record. Any remaining forms <u>must</u> be shredded. |

Medi-Cal Program Guide Letter #633, Continued

Changes
(*continued*)

Most approval and denial NOAs will be automatically mailed, except for excess income only denials and homeless cases. Theses notices will be available in the CMS IT System the following day to be printed at applicants' request. The approval NOAs will include the CMS Patient Handbook, Medical/Dental Need form (CMS-127) and the CMS Medical Identification Card.

CMS is no longer under Health Care Policy Administration (HCPA) and all references have been removed from Article A.

References to staff locations in the clinics have been changed to Clinic Out-stationed Services (COS).

AmeriChoice is now referred to as the Administrative Services Organization (ASO).

Required Action

Effective with application date of May 12, 2008, staff must:

- Enter all application data, including the imaging of documentation, into the CMS IT System.
- Review all cases denied solely for excess income on the day following the denial action. Print the denial NOA and mail it along with the Hardship Evaluation Packet to the applicant.
- Explain to applicants that their approval NOA and/or CMS card will be mailed to the address on file within 3 business days of the final case determination.
- Explain to the homeless applicant that they may pick up their CMS cards and/or approval NOA within 3 business days of the final case determination from the office where their application was processed. The worker will print the NOA from the system and hand it to the applicant upon their request.
- Narrate case actions completely as outlined in the Eligibility & Employment Operations Guide (EEOG) "Standardized Narrative/Case Comment Requirements" located at S:\ENTERPRISE\Eligibility and Employment Operations Guide\Caseload Management\Standardized Case Comments

Continued on next page

Medi-Cal Program Guide Letter #633, Continued

Reminders for the CMS IT System

If the applicant/beneficiary is potentially eligible to Medi-Cal the worker must inform them that they must apply. The worker will <u>print</u> the MC-210 from the CMS IT System and direct the applicant/beneficiary to a Family Resource Center (FRC) to apply. The worker must inform the applicant verbally and on the notice of action that CMS will not be recertified until they fully complete the Medi-Cal application process to receive full scope Medi-Cal benefits.

Income verification is needed for the month of application to determine CMS eligibility accurately. The next month's income may be used to certify the months following the month of application, if there is a significant change in the applicant's income.

Forms Impact

Upon complete implementation of the CMS IT System, all forms completed by patients and all documentation used to determine eligibility will be imaged and saved into the CMS IT System. CMS is moving towards a paperless program, requiring no hardcopy case files.

Automation Impact

The table below shows how the worker will sign on to the CMS IT System:

Step	Action
1	Access the internet
2	Go to URL https://sdpom4dev/cgi-bin/login.pt
3	Enter user name and password
4	Press "Login"
5	Change password (on first log in only)
You are now logged on to the "Welcome" page; this is where the County of San Diego (CoSD) and the Hospital Association of San Diego and Imperial Counties (HASDIC) will provide alerts regarding updates to the CMS program.	

The CMS IT System will interface with the current IDX system, which will continue to be managed by the ASO. At the end of each business day, the CMS IT System will upload that business day's data entries to the IDX system. These entries will be available in IDX the following business day.

Medi-Cal Program Guide Letter #633, Continued

Quality Assurance Impact

Effective with the July 2008 review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements of this letter.

Appeals Impact

None

Summary of Changes

The table below shows the changes made the Medi-Cal Program Guide (MPG).

Article/Section	Change
Article A, Section 1	Update CMS terms, procedure, and process to include CMS IT System.
Article A, Section 2	
Article A, Section 4	
Article A, Section 5	
Article A, Section 6	
Article A, Section 7	
Article A, Section 8	
Article A, Section 9	Add CMS IT System imaging statement
Article A, Section 11	Update and add the CMS IT System process and procedures.
Article A, Section 12	

Filing Instructions

The table below shows how to file the MPG material.

Action	Pages
Remove	Article A-1 pages 5-7
	Article A-2 pages 1-11
	Article A-4 page 1 and page 18
	Article A-5 pages 1-3 and pages 6, 8,10
	Article A-6 pages 1
	Article A-7 pages 2-5
	Article A-8 pages 1-3,5 and 8i, appendix B
	Article A-9 pages 1
	Article A-11 pages 1-3
	Article A-12 pages 1-3

Medi-Cal Program Guide Letter #633, Continued

Filing Instructions
(continued)

Action	Pages
Replace	Article A-1 pages 5-7
	Article A-2 pages 1-11
	Article A-4 page 1 and page 18
	Article A-5 pages 1-4 and pages 6, 8,10
	Article A-6 page1
	Article A-7 pages 2-5
	Article A-8 pages 1-3,5 and 8i, appendix B
	Article A-9 pages 1
	Article A-11pages 1-3
	Article A-12 pages 1-3

Important Notice

The MPG is available in its entirety on the County Intranet by accessing http://hhsa_intranet/manuals/mpg/indix.html.   The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

Manager Approval

ORIGINAL SIGNED BY:

DANN CRAWFORD, ASSISTANT DEPUTY DIRECTOR
Medi-Cal, CMS, General Relief and CAPI Program Administration
Strategic Planning and Operational Support

SB